



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 66969		2. Exact name of the Corporation EIB Hq		
3. Principal office address c/o Joseph Rahels, Esq 450 Washington Hwy		City Lincoln	State R.I.	Zip 02865
4. Business Phone No. (401) 789-4908		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island R.E. Estate - Leasing & Sales				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
President Name Arthur R Gauthier		Vice-President Name Diane L. Gauthier		
Street Address 491 Succotash Rd		Street Address 491 Succotash Rd		
City Wakefield	State R.I.	Zip 02879	City Wakefield	State R.I.
Secretary Name Diane L. Gauthier		Treasurer Name Arthur R Gauthier		
Street Address 491 Succotash Rd		Street Address 491 Succotash Rd		
City Wakefield	State R.I.	Zip 02879	City Wakefield	State R.I.
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
2015 NOV 13 PM 12: 55 SECRETARY OF STATE CORPORATIONS DIV.				
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	Common	Mo. 0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date
 Check No
 By
 FOR SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Arthur R Gauthier 11/13/15
 Signature of Authorized Representative Date
Arthur R Gauthier
 Print or Type Name of Authorized Representative